

Manitoba Library Association Membership Form

Public Library Board Membership

New Membership **Renewal**

Public Library Board:		Date:						
Public Library Board contact name:								
Mailing Address:								
City:	Province:	Postal Code:						
Phone:	Email:							
Please identify if you are (select one): <input type="checkbox"/> library student <input type="checkbox"/> working/worked in libraries (inc. board members) <input type="checkbox"/> library vendor/supplier <input type="checkbox"/> library trustee/board member <input type="checkbox"/> other (please explain): _____								
Electronic Contact Consent <p>In order to comply with anti-spam legislation (CASL), the MLA requires your consent to contact you via email. Please indicate whether or not you would like to receive electronic updates. Such messages may include information about newsletters, upcoming events, and other details relevant to the Manitoba library community.</p> <input type="checkbox"/> YES I give my consent to receive electronic messages from the MLA <input type="checkbox"/> NO I do NOT give my consent to receive electronic messages from the MLA								
Please select a membership payment below: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Operating budget under \$60 000 (L1) \$50</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Operating budget under \$300 000 (L2) \$75</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Operating budget under \$800 000 (L3) \$100</td> <td style="padding: 5px;"><input type="checkbox"/> Operating budget of \$800 000 - 1\$M (L4) \$125</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Operating budget of \$1M - \$20 M (L5) \$150</td> <td style="padding: 5px;"><input type="checkbox"/> Operating budget over \$20 M (L6) \$350</td> </tr> </table>			<input type="checkbox"/> Operating budget under \$60 000 (L1) \$50	<input type="checkbox"/> Operating budget under \$300 000 (L2) \$75	<input type="checkbox"/> Operating budget under \$800 000 (L3) \$100	<input type="checkbox"/> Operating budget of \$800 000 - 1\$M (L4) \$125	<input type="checkbox"/> Operating budget of \$1M - \$20 M (L5) \$150	<input type="checkbox"/> Operating budget over \$20 M (L6) \$350
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<input type="checkbox"/> Operating budget under \$800 000 (L3) \$100	<input type="checkbox"/> Operating budget of \$800 000 - 1\$M (L4) \$125							
<input type="checkbox"/> Operating budget of \$1M - \$20 M (L5) \$150	<input type="checkbox"/> Operating budget over \$20 M (L6) \$350							
Consent to Value Statement and Code of Conduct <p>I understand that this is an application for membership and my membership may not be accepted. I have also read, understand, and agree to abide by the terms of the Manitoba Library Association's Value Statement and Code of Conduct.</p> <input type="checkbox"/> YES I consent to MLA's Value Statement and Code of Conduct. <input type="checkbox"/> NO I do NOT consent to MLA's Value Statement and Code of Conduct.								

Membership valid for 12 months from payment processing date. Your information will only be used for the purpose of determining membership. If you have any questions about the collection of this information contact the Director-At-Large Membership at membership@mla.mb.ca

Donation *(Income tax receipts will be issued for donations over \$10)*

Manitoba Library Association \$ _____

Prison Library Committee \$ _____

To donate to the Scholarship Fund, please send a cheque to the Winnipeg Foundation www.wpgfdn.org

Payment:

Total payment submitted: \$ _____

Cheque or money order payable to "Manitoba Library Association".

Please Mail Form and Payment to:

Manitoba Library Association
606-100 Arthur Street, Winnipeg MB R3B 1H3

Office Use Only

Membership expiry date: _____ Receipt Issued: _____ Updated in Membership File: _____